## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

09/987,761

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                 |                                   |                     |                  |                                    | SMALL ENTITY TYPE   |                        |                | OTHER THAN OR SMALL ENTITY |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------|-----------------------------------|---------------------|------------------|------------------------------------|---------------------|------------------------|----------------|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                           |                 |                                   |                     | :                |                                    | RATE                | FEE                    | ]              | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           | NUMBER FILED    |                                   | NUMBER EXTRA        |                  |                                    | BASIC FEE           | 150.00                 | OR             | BASIC FEE                  | 300.00                 |
| TC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TAL CHARGE                                     | BLE CLAIMS                                | minus 20=       |                                   | •                   | ÷                |                                    | X\$ 25=             |                        | OR             | X\$50=                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           | minus 3 =       |                                   | •                   |                  |                                    | X100=               |                        | OR             | X200=                      |                        |
| ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT          |                                   |                     |                  |                                    | +180=               |                        | OR             | +360=                      | ,                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                           |                 |                                   |                     |                  | TOTAL                              |                     | OR                     | TOTAL          |                            |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                           |                 |                                   |                     |                  | •                                  |                     |                        | OTHER<br>SMALL |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | (Column 1)                                |                 | (Colum                            |                     | (Column 3)       | 5 .                                | OMALC               |                        | 1              |                            |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 474/06                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM!<br>PREVIO                    | BER<br>DUSLY        | PRESENT<br>EXTRA |                                    | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total                                          | · 31                                      | Minus           | •4                                | 3                   | - /              |                                    | X\$ 25=             |                        | OR             | X\$50=                     | 1                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Independent                                    | • 7                                       | Minus           | one /                             | CLANA               | = /              |                                    | X100=               |                        | OR             | X200=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                   |                     |                  |                                    | +180=               |                        | OR             | +360≖                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           |                 |                                   |                     |                  | ,                                  | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE        | B                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | (Column 1)                                |                 | (Colum                            | nn 2)               | (Column 3)       | Γ.                                 |                     |                        |                |                            |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUME<br>PREVIO<br>PAID    | BER<br>DUSLY        | PRESENT<br>EXTRA |                                    | RATE                | ADDI-<br>TIONAL<br>FEE | ·              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total ·                                        | •                                         | Minus           | **                                | 1                   | ±                |                                    | X\$ 25=             |                        | OR             | X\$50=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Independent                                    | *                                         | Minus           | DENDENT.                          | CI AIM              | <del>-</del>     | $\prod_{i=1}^{n} \left[ i \right]$ | X100=               |                        | OR             | X200=                      |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                 |                                   |                     |                  | ,                                  | +180=               |                        | OR             | +360=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           |                 |                                   |                     |                  | L.                                 | TOTAL<br>DOIT. FEE  |                        | OR             | TOTAL<br>ADDIT, FEE        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | (Column 1)                                |                 | . (Colum                          | nn 2)               | (Column 3)       |                                    |                     | •                      |                |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHI<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>JUSLY | PRESENT<br>EXTRA |                                    |                     | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total                                          | *                                         | Minus           | **                                |                     |                  |                                    | X\$ 25=             |                        | OR             | X\$50=                     |                        |
| ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | •                                         | Minus           | ***                               | ·                   | e .              |                                    | X100=               |                        | OR             | X200=                      |                        |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                   |                     |                  | 1                                  | +180=               |                        |                | +360=                      |                        |
| ÷ <u>#</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the entry in colu                              | on 1 is less than th                      | e entry in colu | mn 2, write                       | 10" in col          | umn 3.           | Ŀ                                  | TOTAL               | إنب                    | OR             | TOTAL                      | <u></u>                |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT: FEE ADDIT: |                                                |                                           |                 |                                   |                     |                  |                                    |                     |                        |                |                            | •                      |